



Public Health
Environmental Health Services



APPLICATION FOR HEALTH PERMIT

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE

FACILITY INFORMATION

| | | | |
|-------------------------|------------------------|------------|-----|
| First Date of Operation | Former Facility Name | | |
| Facility Name | | | |
| Care Of | Email | | |
| Address | City | State | Zip |
| Phone Number | Alternate Phone Number | Fax Number | |

LEGAL OWNER INFORMATION

| | | | |
|-------------------|--------------|-------|-----|
| Owner of Facility | Phone Number | | |
| Address | City | State | Zip |

INVOICE INFORMATION

| | | | |
|---------|------|-------|-----|
| Care Of | | | |
| Address | City | State | Zip |

**ALL FEES ARE DUE AND PAYABLE PRIOR TO FIRST DAY OF OPERATION.
MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY**

Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT to establish and/or operate the above mentioned business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires EHS review and approval. **Initial** _____

| | | | |
|---|----------------------|--------------|------------------------|
| Signature X | | Date | |
| Print Name | | Title | |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only | | | |
| Fee: | FA Number: | Record ID: | FDA Category: |
| PE Number: | | | |
| Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N | Designated Employee: | Received By: | Date: |
| Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate | Service Request: | | Plan Checker Initials: |

| | | | | | | |
|---|--|--|---|--|--|--|
| FOOD FACILITIES | Seating Capacity: or | | Number of Soft Serve/Yogurt Machines | | | |
| | Square Footage: or | | Number of Vending Machine Units | | | |
| | Number of Beds: | | | | | |
| SNACK BARS | Days of Snack Bar Operation (MM/DD/YY to MM/DD/YY): to | | Hours of Snack Bar Operation (please indicate AM/PM): to | | | |
| | Days of Operation (please check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | | | | | |
| | Type of Operation: <input type="checkbox"/> Prepackaged Food Only <input type="checkbox"/> Limited Food Preparation (i.e. heat and serve foods) <input type="checkbox"/> Full Food Preparation | | | | | |
| Type of Permit: <input type="checkbox"/> Seasonal (Open less than 6 months per calendar year) <input type="checkbox"/> Annual (Open 6 months or more per calendar year) | | | | | | |
| MOBILE FOOD FACILITIES (MFF) | <input type="checkbox"/> Vehicle - Food Preparation | <input type="checkbox"/> Vehicle - Prepackaged PHF | <input type="checkbox"/> Vehicle - Prepackaged Non PHF | <input type="checkbox"/> Food Preparation Cart | <input type="checkbox"/> Prepackaged Food Cart | <input type="checkbox"/> Mobile Support Unit |
| | <input type="checkbox"/> Hot Truck | <input type="checkbox"/> Ice Cream Truck | <input type="checkbox"/> Produce Truck | <input type="checkbox"/> Hot Dog Cart | <input type="checkbox"/> Ice Cream Cart | |
| | <input type="checkbox"/> Coffee Truck | <input type="checkbox"/> Catering (Cold) Truck | <input type="checkbox"/> Other: | <input type="checkbox"/> Coffee Cart | <input type="checkbox"/> Other: | |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Other: | | Other: | | |
| | Do you operate in an unincorporated County area? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Mobile Food Facilities operating in unincorporated County areas must obtain a Business License from the Clerk of the Board. List License #, License Plate #, Make, Year, and Decal # below. | | | | | | |
| DRIVER'S LICENSE NUMBER LICENSE PLATE NUMBER MAKE YEAR DECAL NUMBER | | | | | | |
| Commissary Information <input type="checkbox"/> Form A (Inside San Bernardino County) <input type="checkbox"/> Form B (Outside San Bernardino County) | | | | | | |
| REC. HEALTH (POOLS/SPAS) | NUMBER OF Pools: Spas: Wading: Water Slides: Swim Beaches: | DETAILS | | | | |
| | | Program Identifier (i.e. pool at office) | | | | |
| | | Capacity (gals) | | | | |
| | | Max Flow Rate (GPM) | | | | |
| | | Surface Area (ft ²) | | | | |
| | | Max Occupancy (persons) | | | | |
| HOUSING | Number of Units: | | | | | |
| | Multi-family dwellings in the unincorporated County areas have been provided information to obtain a County Business License. | | | | | |
| VECTO R | Number of Birds: Number of Horses: | | | | | |
| WATER | Number of Connections: | | | | | |
| BACKFLOW CERTIFICATION | <input type="checkbox"/> Tester Only <input type="checkbox"/> Commercial List | | | | | |
| WASTE HAULERS | LICENSE NUMBER MAKE YEAR DECAL # GALLONS (if applicable) | | | | | |
| | Total Vehicle Count: (Use a separate sheet of paper if necessary) | | | | | |
| BODY ART | Type of Facility | Activities (Indicate all that apply) | | | | |
| | <input type="checkbox"/> Permanent <input type="checkbox"/> Mobile | <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding | | | | |
| MEDICAL WASTE | <input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month without onsite treatment) | | | | | |
| | <input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month with onsite treatment) | | | | | |
| | <input type="checkbox"/> Large Quantity Generator (more than 200 lbs. of medical waste generated per month) | | | | | |
| | <input type="checkbox"/> Common Storage Facility (storage area shared by more than one Small Quantity Generator) | | | | | |